

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS

APPLICATION FOR BIRTH CERTIFICATE

Please Print Or Type All Information Required On This Form

Name on Certificate _____ Sex _____

Date of Birth _____ Kentucky County of Birth _____

Mother's Full Maiden Name _____

Father's Name _____

Hospital _____

(Signature of Applicant) Phone: _____
(Area Code) (Number)

Relationship To Person Named On Certificate _____

A \$10.00 fee must accompany this application.
KRS 213.141 mandates that \$3.00 of this fee be used toward the prevention of child abuse and that \$1.00 of this fee be used to provide coverage for inherited metabolic disease products for uninsured children.

Office Use Only	
Vol	_____
Cert	_____
Year	_____
Date	_____
Initials	_____

The \$10.00 fee cannot be returned if the certificate is not found. If the certificate is on file you will receive one copy. Additional copies are \$10.00 each. Make check or money order payable to **"Kentucky State Treasurer"**. When complete, mail the entire form to: **Vital Statistics, 275 East Main 1E-A, Frankfort, Kentucky 40621.**

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Certified Copies - \$10.00 Each Copy – Number of copies desired _____

Name and Mailing Address Required

If you have not received your certificate(s) within 30 working days from the postmarked date of mailing, please contact the Office of VITAL STATISTICS at: 502-564-4212

Applicant's Phone _____
(Area Code) (Number)